

Goal

3

All youth have access to safe places for living, learning and working.

A Shared Vision:

All Massachusetts youth **grow up to be healthy**, caring and economically self-sufficient adults.

The ability to be – and feel - safe in their homes, communities, schools and workplaces is a fundamental building block for the healthy development of youth and young adults. Safety encompasses traditional public safety, including youth crime reduction and public health goals related to injury prevention.

PREVENTING INJURY-RELATED DEATH

Healthy People 2010 Adolescent Objective 16-03 a, b, c: Reduce deaths of adolescents and young adults.

Death is a rare event among youth ages 10-14. Massachusetts youth have lower death rates in every age group than do youth nationally (Table 3-1). However, while still infrequent, incidence of injury-related death increases substantially among 15-19 and 20-24 year olds.

- Massachusetts has met the HP2010 goals for reducing death rates among youth ages 10-14 and 15-19.

Table 3-1. Youth death rates*, by age group
Massachusetts and United States, 2000 and 1998

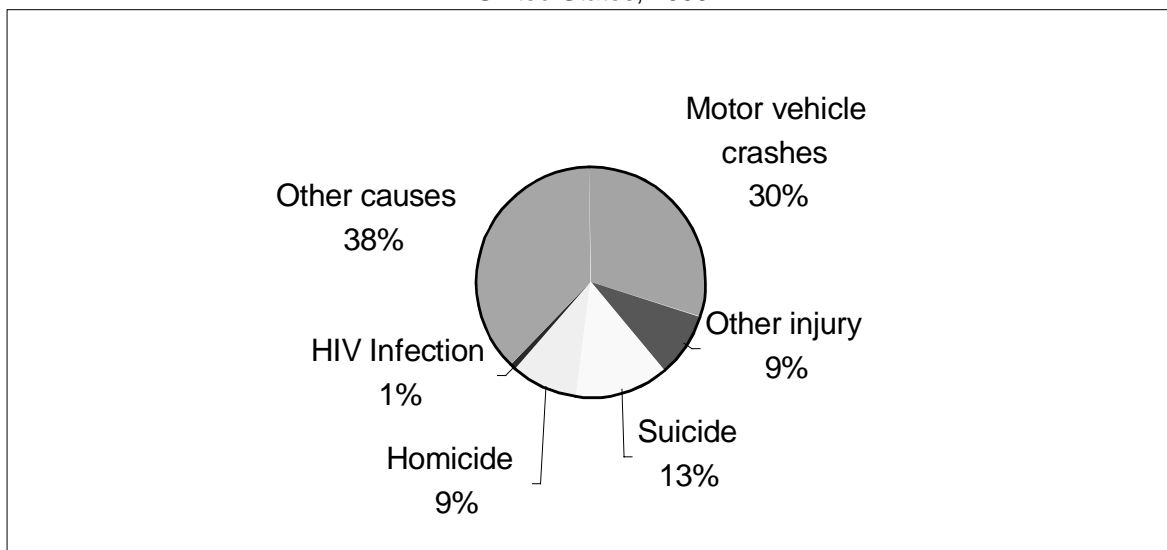
Age Group	Massachusetts	U.S.	HP2010
10-14 year olds	14.8	22.1	16.8
15-19 year olds	41.9	70.6	39.8
20-24 year olds	49.9	95.3	49.0

* Rates per 100,000 population per year.

Source: MDPH, 2000; National Vital Statistics System, CDC, 1998

- The leading causes of death among youth and young adults are from injuries, with motor vehicle crashes, suicide, homicide and other injuries accounting for 61% of all deaths (Figure 3-1). (Suicide, the third leading cause of death, is discussed in *Goal 1: Mental Health*.)

Figure 3-1. Leading causes of death, youth ages 15 to 24
United States, 1999



Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 1999

MOTOR VEHICLE SAFETY

Healthy People 2010 Adolescent Objective 15-15 a: Reduce deaths caused by motor vehicle crashes.

Motor vehicle crashes are the leading cause of death for youths and young adults (Table 3-2).

Table 3-2. Deaths and death rate* from motor vehicle crashes, by age group
Massachusetts, 1999 and United States, 1998

Age Group	Massachusetts number of deaths	Massachusetts death rate	U.S. death rate	HP2010 target
10-18 year olds	51	6.7		**
19-24 year olds	57	11.5		**
Total	108	8.6	26.4	**

* Deaths per 100,000 population

**2010 target not provided for adolescent/young adult age group.

Sources: Registry of Vital Records and Statistics, MDPH; National Vital Statistics Reporting System

- The rate of hospitalizations for injuries from motor vehicle crashes is approximately ten times the death rate (Table 3-3).

Table 3-3. Resident hospital discharges* related to motor vehicle crashes, by age group
Massachusetts, 1999

Age Group	Number of Discharges	Discharge Rate**
10-18 year olds	455	60.1
19-24 year olds	546	110.6
Total	1001	80.0

*Excludes deaths in the hospital and transfers to another acute care facility

** Rate per 100,000 population

Source: Massachusetts Hospital Discharge Database; MDHCFP, 1999

Healthy People 2010 Adolescent Objective 26-01 a: Reduce deaths and injuries caused by alcohol and drug related motor vehicle crashes.

Drugs and alcohol are major contributing factors to motor vehicle crashes for adolescents and young adults. In 1999, 75% of all youth deaths in motor vehicle crashes included the presence of alcohol and/or drugs (Table 3-4). (Note: These figures are based on a total of 123 deaths that occurred in Massachusetts, which may include out-of-state residents).

Table 3-4: Deaths caused by alcohol- or drug-related motor vehicle crashes, by age group
Massachusetts*, 1999

Age Group (years)	Alcohol+ (any)	Alcohol+ ($\geq .08$)	Drug+ /Alcohol-	Drug+ /Alcohol+	Total - Any drugs or alcohol
10-18 years	14	9	1	0	24
19-24	35	29	2	2	68
Total	49	38	3	2	92

*N=123 total motor vehicle fatalities in this age group. May include deaths to out-of-state residents.

Source: Fatality Analysis Reporting System, National Highway and Traffic Safety Administration

Healthy People 2010 Adolescent Objective 26-06: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.

Thirty percent of Massachusetts high school students rode with a drinking driver in 2001 (Table 3-5). Although this is comparable to the national average and meets the Healthy People 2010 target, it has not decreased significantly from the 1993 rate of 32.5%.

Table 3-5. Percentage of high school students who rode with a drinking driver
during the past month
Massachusetts and United States, 2001

Massachusetts	U.S.	HP2010 target
30.5%	31%	30%

Source: MYRBS, 2001; YRBSS, 2001

- In 1999, over 90% of Massachusetts young adults ages 18-24 reported that they did not drink and drive within the past month, similar to the national rate of 91% (MBRFSS, 1999).

Healthy People 2010 Adolescent Objective 15-19: Increase use of safety belts.

Using safety belts reduces the incidence of death and injury when a motor vehicle crash occurs. Massachusetts youth are less likely than their peers nationally to report using a seat belt (Table 3-6). However, there has been significant improvement in seat belt use since 1993, when only 59% of high school students used a seat belt (MYRBS, 1993).

Table 3-6. Percentage of high school students who usually used a seat belt when riding as a passenger
Massachusetts and United States, 2001

Massachusetts	U.S.	HP2010 target
79%	86%	*

*2010 target not provided for adolescent/young adult age group.

Source: MYRBS, 2001; YRBSS, 2001

- In 1999, 60.9% of Massachusetts young adults ages 18-24 reported wearing a seatbelt in the past month, compared to 89% of college students nationally. (MBRFSS, 1999).

SAFE LEARNING ENVIRONMENTS: SCHOOL SAFETY

School safety has become an increasing concern, along a continuum of incidents from bullying to rare but lethal student shootings. An orderly, safe learning environment is critical to students' abilities to successfully pursue their educational aspirations.

Healthy People 2010 Adolescent Objective 15-39: Reduce weapon carrying by adolescents on school property.

In 2001, fewer Massachusetts high school students carried a weapon (such as a gun, knife, or club) on school property than did students nationally (Table 3-7). Furthermore, the percentage of Massachusetts students who carried a weapon on school property decreased by almost half from 1993 to 2001, from 10.1% to 5.5% (MYRBS, 1993-2001).

Table 3-7. Percentage of high school students who carried a weapon on school property on one or more of the past 30 days
Massachusetts and United States, 2001

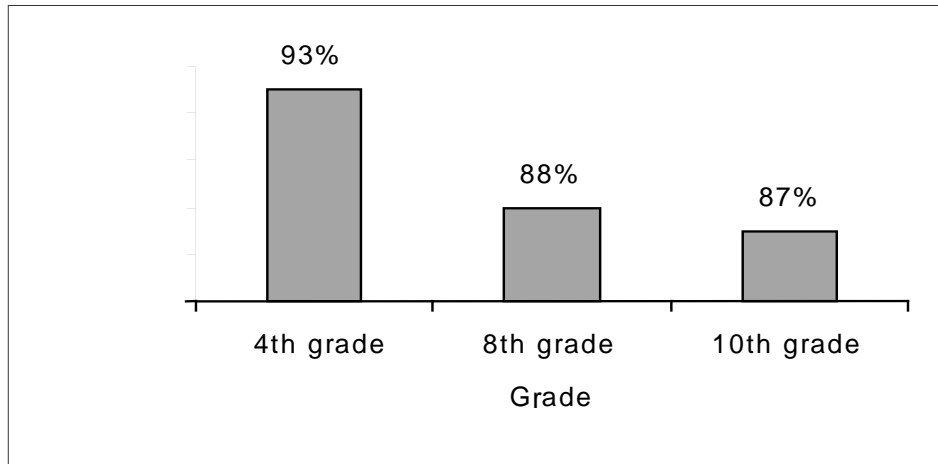
Massachusetts	U.S.	HP2010 target
5.5%	6.4%	4.9%

Source: MYRBS, 2001; YRBSS, 2001

Other School Safety Data

- While most Massachusetts high school students report that they feel safe at school on an average day, the percentage of students who do not feel safe increases in higher grades (Figure 3-2).

Figure 3-2. Percentage of students who feel safe at school on an average day
Massachusetts, 2001



Source: MDOE, MCAS, 2001

- There is wide variation in student perceptions of school safety. There are some Massachusetts high schools in which every student reported feeling safe, and a few schools in which over 30% of the students reported that they do not feel safe at school (MYRS, 2001).
- About one in nine high school students (11.5%) had a physical fight on school property in the previous year, and 3.5% had a fight leading to an injury that needed treatment by a doctor or a nurse (MYRBS, 2001).
- Students who identify themselves as gay, lesbian, or bisexual had negative experiences related to personal safety significantly more frequently than other students (Table 3-8) did. Massachusetts is the only state in the nation that has addressed school safety for sexual minority youth by funding Gay Straight Alliances, programs designed to improve schools' community and safety for gay, lesbian, bisexual, and questioning youth. MDOE also operates the Safe Schools Program, which provides training for faculty, staff, and students on violence and suicide prevention for gay and lesbian youth.

Table 3-8. Percentage of high school students reporting personal safety behaviors, by sexual orientation
Massachusetts, 2001

Reported Behavior	Sexual Minority Youth	Other Youth
Skipped school in the past month because of feeling unsafe en route to or at school	16.4	7.6
Was threatened/injured with a weapon at school in the past year	18.6	7.6
Was in a physical fight at school in the past year	18.9	11.1

Source: MYRBS, 2001

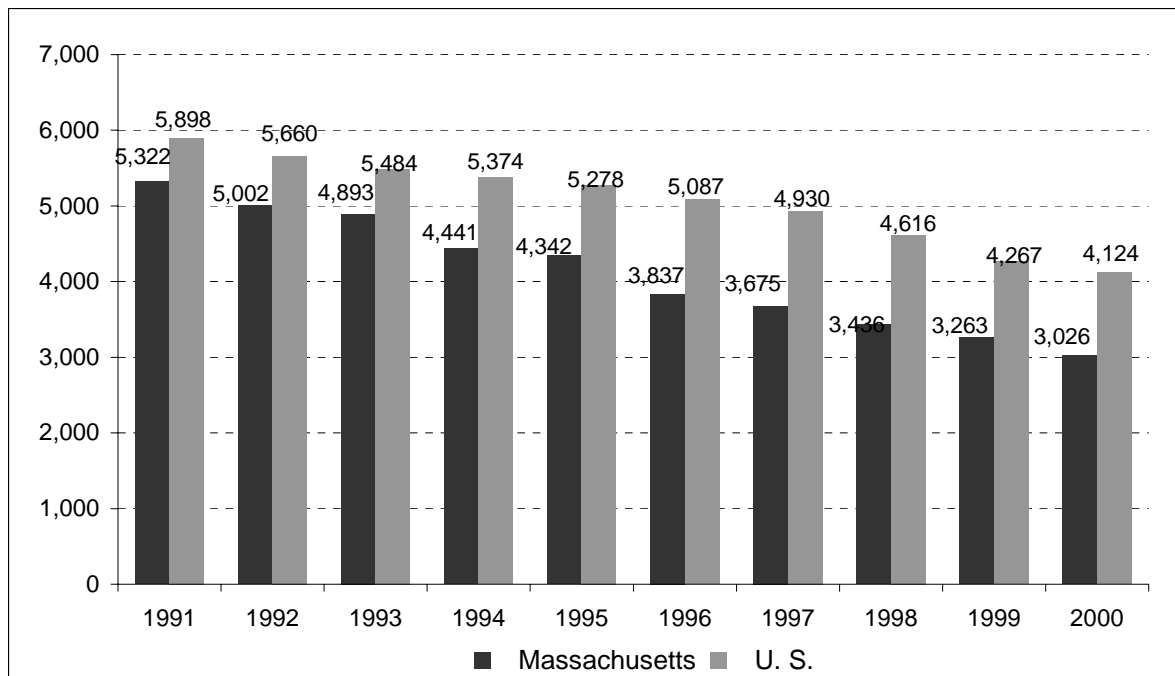
- Immigrant youth also experience greater concerns about their safety at school. In 2001, high school students who had been in the U.S. six years or less reported having skipped school in the preceding month because they felt unsafe twice as often as students in general (16% vs. 8%) (MYRBS, 2001).
- In 2000, 87 hate crimes, or 19% of all reported hate crimes in Massachusetts for which a location was reported, occurred on a school or college campus. This was a 5% increase from 1999, which may be due to better reporting by campus police agencies. The Governor's Task Force on Hate Crimes states that underreporting of hate crimes in middle and high schools is a serious concern, and that this may be due to a variety of factors, including failure to identify bias crime against students, and lack of knowledge by victims as to their civil rights and how to seek assistance.

NEIGHBORHOOD AND COMMUNITY SAFETY

Communities across Massachusetts have become safer for residents of all ages in the past decade. The year 2000 marked the ninth consecutive year in which both the number of crimes reported and the overall crime rate declined, consistent with national trends.

- From 1991- 2000, the total crime rate for Massachusetts dropped 43%, compared to a decline nationally of 30% (Figure 3-3).

Figure 3-3. Total crime rate*
Massachusetts and United States, 1991-2000



*Number of annual crimes per 100,000 residents
Source: FBI, 2001

Healthy People 2010 Adolescent Objective 15-32: Reduce homicides.

- The Massachusetts homicide rate in every youth age group is significantly lower than the national average (Table 3-9) (CDC, National Center for Injury Prevention and Control, 2002).

Table 3-9. Homicide rate*, by age group
Massachusetts and United States, 2000

Age Group	Massachusetts	U.S.	HP2010 target
15-19 year olds	3.8	9.6	**
20-24 year olds	8.2	16.4	**
15-24 year olds	5.5	12.9	**

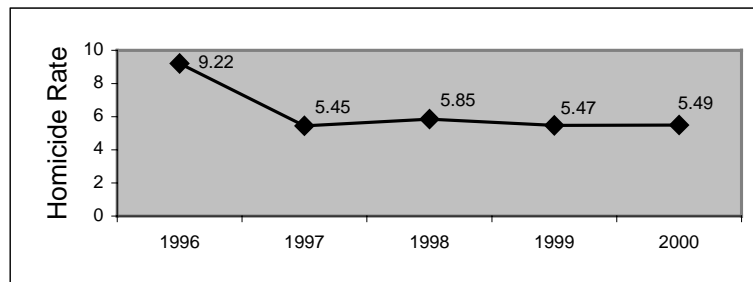
* Number of deaths per 100,000 population in age group

**2010 target not provided for adolescent/young adult age group

Source: CDC, NCIPC, 2002

- After decreasing significantly from 1996 to 1997, the homicide rate for 15-24 year olds has shown no clear trend, and increased slightly from 1999-2000 (Figure 3-4).
- In 2000, there were 45 homicides of youth ages 15-24, accounting for 11% of deaths in this age group.

Figure 3-4. Homicide rate*, 15-24 year olds
Massachusetts 1996-2000



*Per 100,000 population in age group

Source: CDC, NCIPC, 1996-2000

Healthy People 2010 Adolescent Objective 15-38: Reduce physical fighting among adolescents.

- In 2001, one third of Massachusetts high school students were in at least one physical fight in the previous year (Table 3-10), a significant decrease from the 1993 rate of 42% (MYRBS, 1993).

Table 3-10. Percentage of high school students in a physical fight one or more times
during the past 12 months
Massachusetts and United States, 2001

Massachusetts	U.S.	HP2010 target
33.2%	33%	32%

Source: MYRBS, 2001; YRBSS, 2001

- Youth weapon carrying trends have also decreased. The percentage of high school youth who carried a weapon in the past 30 days steadily decreased from 20.3% in 1993 to 13.2% in 2001 (MYRBS, 2001).

YOUTH CRIME

In Massachusetts, youth under age 18 who are arrested for alleged crimes are considered juveniles. Their cases are handled predominately through the juvenile court system. Those youth found to be guilty ('adjudicated delinquent') may be committed to the custody of the Department of Youth Services (DYS) or, for less serious offenses, may be referred directly to probation. Typically, they are released from commitment or probationary supervision upon reaching age 18. A small number of youth, categorized as 'youthful offenders', are now committed to DYS past their 18th birthdays.

JUVENILE CRIME ARRESTS

Juvenile crime has been declining steadily since 1993. Juvenile arrest rates have declined significantly in all major categories, including Part I violent and property crimes and Part II crimes (see box for definitions).

Part I Crime Arrests

- In 2000, there were 5803 juveniles arrested in Massachusetts for Part I crimes, constituting 20.5% of all Part I arrests. From 1993 - 2000, the juvenile arrest rate for Part I crimes declined 27%, from 164 (arrests per 100,000 residents under age 18) to 120 (FBI Uniform Crime Reports, 2001).
- Arrests for violent crime, which represented 40% of Part I arrests in 2000, have declined 14.3% from 1993-2000. Arrests for property crimes, representing 60% of Part I arrests, declined 33%.
- Aggravated assault is the most common violent offense for which juveniles are arrested, representing 81% of all violent crime arrests in 2000. Seventeen percent of juvenile arrests for a violent offense were for robbery. Arrests for homicide and rape have both declined substantially since 1993. There were just 5 homicide arrests in 2000, representing an 82% decrease in the juvenile homicide arrest rate since 1993. There were 47 arrests of juveniles for rape in 2000, a decrease in the rape arrest rate from 2.1 to 1.0 from 1993-2000.

Definitions

In Massachusetts, *delinquents* are defined as children and youth between the ages of 7 and 17 adjudicated delinquent as a result of breaking a state law, a city ordinance, or town by-law.

Arrests in Massachusetts are categorized into *Part I and Part II Crimes*. Part I crimes are also known as Index crimes. Part I crimes include the violence offenses of homicide, rape, robbery, and aggravated assault, and the serious property crimes of burglary, larceny, motor vehicle theft, and arson. Part II crimes encompass 21 less serious offenses, including simple assault, drug offenses, vandalism, prostitution, gambling, disorderly conduct, and juvenile status offenses.

Part II Crime Arrests

- Juvenile arrests in two thirds of the 21 Part II offenses declined during 2000. The most frequent offenses for which juveniles were arrested were other assaults¹⁰, vandalism, drug abuse violations¹¹, liquor law violations, disorderly conduct, and all other offenses¹².
- *Drug abuse violations*: Eighty-four percent of juvenile drug arrests made in 2000 related to the possession of drugs. The large majority (85%) of possession arrests was for marijuana. Arrests for opium, cocaine and derivatives represented 8% of all arrests (FBI Uniform Crime Reports, 2002). The remaining 16% of drug arrests in 2000 were for the sale or manufacture of drugs. The majority of these arrests (59%) also were for marijuana, followed by 31% related to opium, cocaine and derivatives (FBI Uniform Crime Reports, 2002).

Hate Crimes

"Hate crime: a crime in which the perpetrator's conduct was motivated, in whole or in part, by hatred, bias, or prejudice, based on the actual or perceived race, color, religion, national origin, gender, disability, or sexual orientation of another group or individual" -Governor's Task Force on Hate Crimes, 2002.

- Youth ages 20 and under accounted for almost half (45%) of Massachusetts hate crime offenders for whom their age was known in 2000, a 17% decline from 1999. Young adults ages 21-25 accounted for an additional 14% (Governor's Task Force on Hate Crimes, 2002).

Delinquent juveniles

In 2001, 37,043 juvenile youth were adjudicated to be delinquent in either Juvenile or District Court, a 27% decrease since a high of 50,514 in 1997 (Massachusetts Supreme Judicial Court, 2002). The Court may either commit these youths to the Department of Youth Services, or assign them to probation, depending on the severity of their offenses.

Commitments to the Department of Youth Services

Even as the juvenile crime rate has decreased, the number of youth committed to the care of DYS has steadily increased in the past decade.

- At the beginning of 2002, there were 3278 youths committed to DYS, more than double the number in 1992 (Figure 3-5). The present caseload is 14.6% female, an increase from 8% in 1992.
- Of the approximately 22,000 youth arraigned for a crime each year, about 4,000 are held in DYS detention facilities

The *Department of Youth Services* (DYS) is the juvenile justice agency for the Commonwealth. DYS' mission is to protect the public and prevent crime by promoting positive change in the lives of youth committed to their custody. To implement its dual mandate of rehabilitation and public safety, the agency operates 102 programs, ranging from secure locked units to community-based services.

¹⁰ "Other assaults" is defined as assaults and attempted assaults where no weapon is used and which do not result in serious or aggravated injury to the victim.

¹¹ "Drug abuse violations" is defined as any, State and/or local offenses relating to the unlawful possession, sale, use, growing, and manufacturing of narcotic drugs.

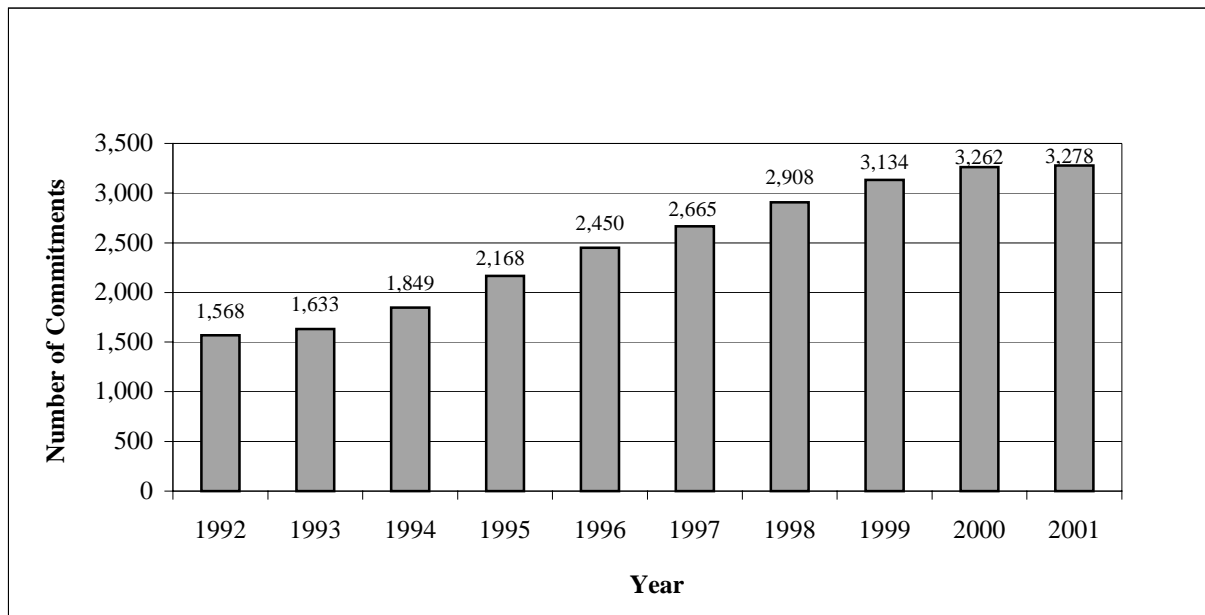
¹² "All other offenses" is defined as all violations of state and/or local laws except those listed among the Part II crimes and traffic offenses.

on a bail status. Approximately 1,200 of the total youth arraigned are committed to DYS custody each year.

The increase in the DYS youth population is attributable to several factors.

- There has been an increase in the number of juveniles newly committed to DYS by courts (870 in 1992 to 1334 in 2001).
- There has been an increase in the average length of commitment.
- There has been an increase in the number of juveniles whose commitment is extended beyond their 18th birthday due to dangerousness. The growth in this category of youth, known as ‘youthful offenders’, can be attributed to the changes in the law resulting from the Juvenile Justice Reform Act in 1996.
- In 2001, 41% and 37% of the DYS population was committed or recommitted to the department for a crime against the person and a property offense respectively. In October 1999, the number of youth under DYS commitment who were over the age of 18 totaled 99. This number increased to 258 in January 2001 and 327 in January 2002, a 230% increase from 1999 (DYS, 2002).

Figure 3-5. Commitments to Department of Youth Services
Massachusetts, 1992-2001



Source: Massachusetts Department of Youth Services, 2002

Probation

Probation services in the Commonwealth are administered by the Office of the Commissioner of Probation (OCP), a department of the Massachusetts Trial Court System. OCP oversees two levels of supervision for juvenile offenders - administrative probation and risk/need probation. Data on the offense for which juveniles are referred for probation are categorized into ‘person offenses’ and ‘property offenses’. The court may place conditions and various levels of supervision on adjudicated delinquents.

- In fiscal year 2001, there were 31,767 juveniles under probation supervision (Massachusetts Supreme Judicial Court, 2001).
- As reported by the Office of the Commissioner of Probation, the percentage of juveniles (male and female) on probation for person offenses increased 29% from 1992 to 2000.
- The percentage of youth on probation for property offenses steadily decreased from 50% in 1992 to 38% in 2000. The percentage of juveniles on probation for drug offenses steadily increased from 6% in 1992 to 10% in 2000. While the overall percentage of juveniles on probation for motor vehicle theft decreased (6 to 4%) from 1992 to 2000, there was a 35% increase in 2000 from the previous year.
- The number of female juveniles on probation increased 149% from 1992 to 2000. About half (49%) of females on probation in 2000 committed person offenses (Office of the Commissioner of Probation, 2000).
- From 1992 through 1994, the percentage of female juveniles receiving probation for property offenses decreased (38 to 31%), increased in 1995 (35%), then continued a downward trend to 26% in 1999, and remained stable in 2000. The percentage of female juveniles on probation for drug offenses, motor vehicle, and “other” offenses continues to increase. The most notable increase among the three was for motor vehicle offenses (35%) in 2000.
- Juveniles receiving risk/need probation frequently have a cluster of problems that have been identified as contributing to delinquent behavior and escalating criminal behavior (Table 3-11).

Table 3-11. Problems exhibited by the juvenile risk/need population, by sex
Massachusetts, 2000

	Prior Record Within the Past 5 Years	< 15 Years Old at First Offense	School Discipline Problem	Substance Abuse Problem	Peer Relation Problem	Counseling Need
Male	41.5%	55.4%	86.5%	63.9%	85.9%	69.0%
Female	32.3%	53.9%	84.4%	62.8%	83.4%	73.7%

Source: Massachusetts Office of the Commissioner of Probation, 2001

SAFETY FROM SEXUAL ASSAULT

In 2000, the crime of rape remained the least reported, least indicted, and least convicted of any major felony. Only 16 out of 100 victims report the crime to police, and only 1% of convicted rapists serve a prison term of more than one year (Boston Area Rape Crisis Center, 2002).

- The majority of young sexual assault victims have a relationship with the perpetrator. Eighty-eight percent of survivors of sexual assault and rape know their assailant (family, friend, date, or acquaintance).
- Of sexual assault and rape survivors who contacted a Massachusetts rape crisis center from 1995 to 1997:
 - The median age of the most recent assault among women for reported rape and attempted rape was age 20, and for physical sexual assault was age 14. The

median age among men for reported rape was age 14, for attempted rape was age 17, and for physical sexual assault was age 10.

- Of rapes reported to a rape crisis center where both the assailant and the survivor's age was known, 40% of youth were assaulted by other youth and 65% of young adults were assaulted by other young adults.
- Of incest survivors who contacted a rape crisis center, the majority was assaulted as children or youth: The majority (51%) was younger than 13 and 37% were youth between the ages of 13 and 19 at the most recent assault.
- In 2001, almost 10% of high school students reported that someone has had sexual contact with them against their will during their lifetimes, including 5% of males and 14% of females (MYRBS, 2001).
- Young women with disabilities ages 18-24 were more likely to have experienced sexual assault, (i.e., unwanted sexual contact) (32%) when compared to those without disabilities (BRFSS, 1999).

HOMELESSNESS

Homelessness, which is a major risk factor in impeding the healthy development of youth and young adults in multiple domains discussed in *A Shared Vision*, is included here because of its fundamental relationship to the lack of a safe place for living.

- The fastest growing population in emergency shelters is the young adult group. In 2001, more than 3,100 young adults ages 18 – 24 sought emergency shelter, a 32% increase from 2000. (Massachusetts Shelter and Housing Alliance, 2002).
- In February 2002, 1,297 families per night were in emergency shelters funded by DTA's Emergency Assistance Program, an increase of 38% since July 2000. These families include more than 2900 infants, children and youth - 50% of whom are school aged (DTA, 2002). (Emergency shelter includes structured family shelters as well as motel placements).
- DTA funds 90% of all shelter spaces for homeless families in the Commonwealth. Statewide, there are only 51 available spaces for families that are ineligible for state funded shelter. The number of homeless families who do not qualify for DTA's Emergency Assistance family shelter program is also increasing.
- DTA's Teen Living Program funds 133 beds for homeless teen parents. There are 4,4000 homeless young families (Alliance for Young Families, 2002).

ENVIRONMENTAL SAFETY

Asthma

Although the etiology of asthma is unknown, environmental factors, at a minimum, exacerbate symptoms. Indoor air allergens such as dust mites, cockroaches, pet dander and mold, have been implicated as triggering agents. One Massachusetts study found a significantly higher rate of pediatric asthma among children who attended public elementary schools with indoor air quality

(IAQ) problems than among those who attended schools that reported no IAQ problems (MDPH, 1999).

- Between 1980 and 1994, the prevalence of asthma nationwide increased 75% overall and 74% among children 5 to 14 years of age. Asthma now affects nearly 5 million people who are younger than 18 years of age (CDC 2002).
- The prevalence of childhood asthma increases with age. Among Massachusetts children younger than four years old, 5% were affected by asthma; compared to 7% of 4-7 year olds, 11% of 8-11 year olds, and 15% of 12-17 year olds (MBRFSS, 2000).
- Asthma is the most common chronic disease among children. Among Massachusetts children ages 5 to 17, asthma is the leading cause of school absences from a chronic illness and is responsible for more hospitalizations than any other childhood disease. Asthma was the most frequently reported chronic condition (11.9% of all clients) in the 9,825 children and youth seen in school-based health centers (SBHC) in 1998-99. This was an increase from 6.8% in 1995-96 (MDPH, Block Grant, 2001).
- Among Massachusetts adults, those between 17-24 years of age had higher prevalence rates of asthma (17.6%) in comparison to older adults (4.3% among adults between 65-74, and 5.9% among adults 75 years and older) (MBRFSS, 2000).

Indoor Air Quality Initiatives

The Indoor Air Quality (IAQ) program of the MDPH Bureau of Environmental Assessment (BEHA) conducts testing and evaluation of IAQ at schools and public or publicly accessible buildings. IAQ program staff visit between 100-120 buildings annually. In January 2000, the BEHA's Childhood Lead Poison Prevention Program (CLPPP) adopted the "Healthy Homes" approach. This program contracts with eleven community-based organizations to conduct home assessments in households with children throughout the state. CLPPP employs a combination of primary and secondary intervention methods to improve the overall health within a home. Between April 2000 and June 2001, 21% of the families that were referred to the Healthy Home Program were referred because of asthma and allergy related concerns.

WORKPLACE SAFETY

More than 80% of youth hold jobs at some point during their high school years. Work offers youth the opportunity to earn money and also to gain valuable experience and skills. (See *Goal 4* for more information on youth employment.) These benefits are important, but work can also present health and safety risks to youth. Teens have a higher rate of occupational injury per hour than do adults. They are at risk of workplace injuries due to a lack of training about how to work safely and because they are more likely to be employed in higher-risk occupations. They also may not be aware of their rights and their employers' responsibilities in the workplace (MDPH, Work-Related Injuries to Teens in Massachusetts, 2000).

- In fiscal years 1993 through 2000, there were a total of 4,475 injuries to working youth under age 18 reported to MDPH – an average of more than 600 injuries per year.
- Male teens were more likely than females to sustain injuries at work (Figure 3-6).

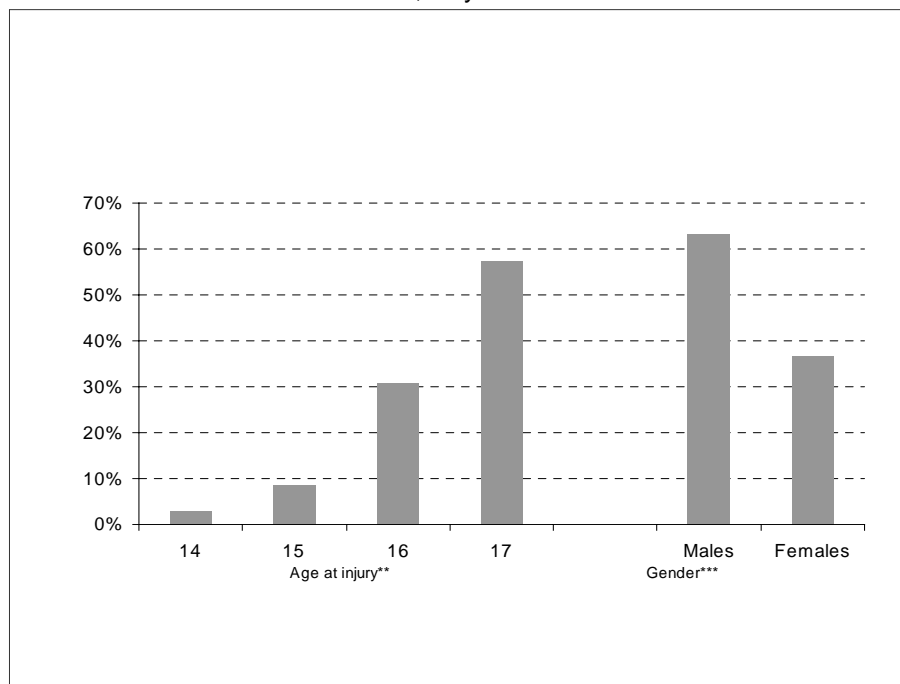
- Older teens sustained substantially more injuries than did younger teens. Injuries to 17 year olds accounted for more than half of all reported teen injuries (Figure 3-6).
- Sprains and strains were the most common types of injury, accounting for 35% of all reported injuries for which the injury type was reported (Figure 3-7).
- More Massachusetts youth work in restaurants than in any other single industry. Restaurants are also the most common place of occupational injury for teen workers, accounting for 28% of all injuries (Figure 3-8).

Teens at Work

MDPH's Teens at Work: Surveillance and Prevention Project is the only project of its kind in the nation. It collects data about occupational injuries to teens younger than age 18 that can be used in occupational injury prevention programs.

The Massachusetts public health code requires hospitals and physicians to report adolescent work-related injuries to MDPH. The Teens at Work Project uses these reports, along with data from workers' compensation claims and follow-up telephone interviews with a sample of injured workers, to develop a profile of youth occupational injuries and to target prevention efforts. However, these data represent a substantial underreporting of actual teen injuries because a minority of Massachusetts hospitals regularly participate in the reporting system.

Figure 3-6: Distribution of occupational Injuries* to young workers, by age** and gender***
Massachusetts, July 1993- June 2000



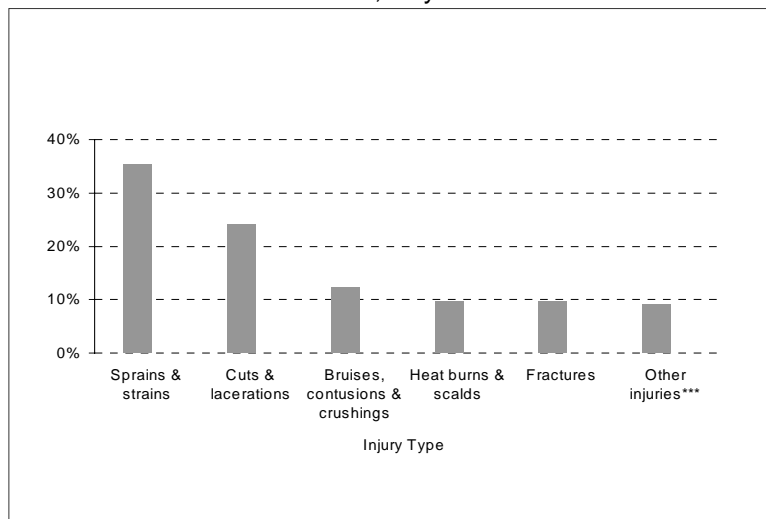
* N=4475

** Eighteen cases were younger than 14 years old, and age missing for 14 cases

*** Gender missing for 76 cases

Source: MDPH, 2002

Figure 3-7: Distribution of occupational injuries to young workers* ages ≤ 17 by injury type
Massachusetts, July 1993-June 2000*

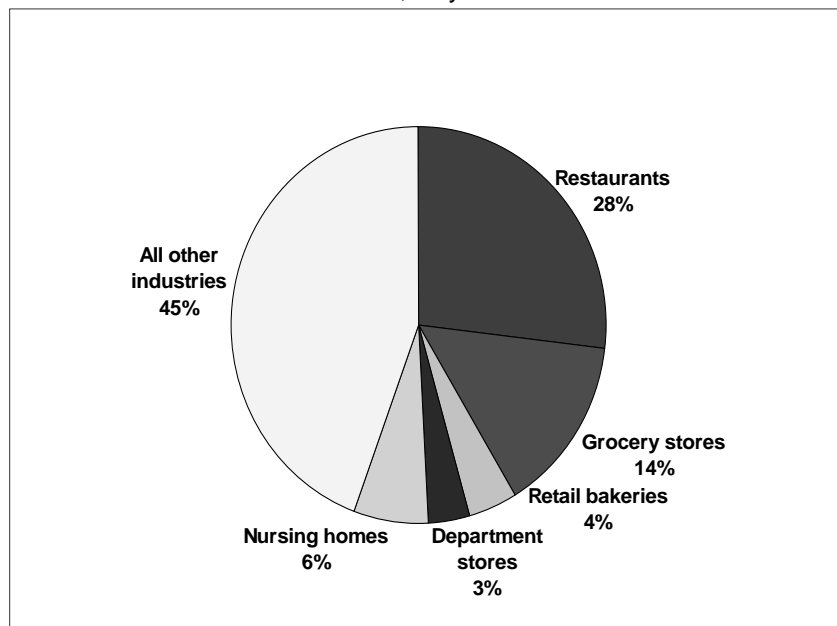


* N=3092. Type of injury missing for 291 cases.

**Includes 13 amputations.

Source: MDPH, Worker's Compensation Data, 2002

Figure 3-8: Occupational injuries to young workers* ages ≤ 17 by selected industries**
Massachusetts, July 1993-June 2000



* N=3092

** Industry type is not available for 103 cases

Source: MDPH, Worker's Compensation Data, 2002